

Application Transportation Concurrency

Send this completed application to:
CIP and Planning Section
201 South Jackson Street-MS KSCTR-0317
Seattle, WA 98104-3856
(206) 263-4759 Fax (206) 296-0566
jeff.lee@metrokc.gov



King County
Department of Transportation

ROAD SERVICES

King County Use Only

Map _____

Model _____

File No. _____

Zone _____ Map _____

Plan Area _____ U/R _____

Pass _____ Fail _____ Date _____

Certificate No. _____

TAM Threshold _____ TAM Result _____

Critical Segment Threshold _____

Critical Segment Result _____

1. Applicant

Please
print or
type ➤

Name	Company	Telephone
_____	_____	_____
Address	City/State/Zip	E-mail Address
_____	_____	_____

2. Property Owner

Name	Company	Telephone
_____	_____	_____
Address	City/State/Zip	
_____	_____	

3. Property Location (Non-residential developments must submit a map showing road access points with this application.)

This
information
is available
on the ➤
property's
tax statement

Property Address	Development Name			
_____	_____			
Parcel Number(s) (REQUIRED)	1/4 Section	Section	Township	Range
_____	_____	_____	_____	_____

4. Type of development permit to be applied for (check one)

☐ Short Plat ☐ Formal Plat ☐ Commercial (non-residential) ☐ Multifamily Permit

5. Project description (For non-residential developments, if you have a traffic impact study, please enclose a copy)

A. Number of new dwelling units _____ B. Commercial building area in square feet _____

6. Proposed land use

Note: Applicants are responsible for accurate land use designations. The issuance of a Certificate of Concurrency does not constitute land use or development approval.

7. _____
Property owner signature Date

☐ I, the property owner, authorize my agent to receive all original correspondence. I understand I will receive a copy (initial) of all correspondence sent to my agent.